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Convention on the Elimination of All Forms of Discrimination against Women

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Committee on the Elimination of Discrimination against Women
Twentieth session
19 January–5 February 1999
Item 7 of the provisional agenda*
Implementation of article 21 of the Convention on the Elimination of All Forms of Discrimination against Women

Reports provided by specialized agencies of the United Nations on the implementation of the Convention in areas falling within the scope of their activities

Note by the Secretary-General

Addendum

World Health Organization

1. On behalf of the Committee, the Secretariat invited the World Health Organization (WHO), on 29 October 1998, to submit to the Committee by 5 December 1998 a report on information provided by States to WHO on the implementation of article 12 and related articles of the Convention on the Elimination of All Forms of Discrimination against Women, which would supplement the information contained in the reports of those States parties to the Convention to be considered at the twentieth session.

2. Other information sought by the Committee refers to activities, programmes and policy decisions undertaken by WHO to promote the implementation of article 12 and related articles of the Convention.

3. The report annexed hereto has been submitted in compliance with the Committee's requests.

* CEDAW/C/1999/I/1.

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Annex

Information provided by States to the World Health Organization for consideration at the twentieth session of the Committee on the Elimination of Discrimination against Women

1. The World Health Organization (WHO) has this year provided data on a selected number of indicators in relation to article 12 of the Convention on the Elimination of All Forms of Discrimination against Women. The number of indicators as well as the scope of content of the report will be expanded in collaboration with the Committee for future reports.

1. Maternal health care and family planning

2. Strategic objective C.1. in the Beijing Platform for Action "Increase women's access throughout the life cycle to appropriate, affordable, and quality health care, information and related services" includes specific recommendations regarding maternal health care as well as access to family planning including safe abortion:

> "Provide more accessible, available, and affordable primary health care services of high quality, including sexual and reproductive health care, which includes family planning information and services, and giving particular attention to maternal and emergency obstetric care, as agreed in the Programme of Action of the International Conference on Population and Development". (107 (e))
>
> "Strengthen and reorient health services, particularly primary health care, in order to ensure universal access to quality health services for women and girls, reduce ill health and maternal morbidity and achieve worldwide agreed-upon goals of reducing maternal mortality by at least 50 per cent; ensure that the necessary services are available at each level of the health system and make reproductive health care accessible through the primary health-care system, to all individuals of the appropriate ages no later than the year 2015". (107 (l))
>
> "Recognize and deal with the health impact of unsafe abortion as a major public health concern as agreed in paragraph 8.25 of the Programme of Action of the International Conference on Population and Development". (107 (j))
>
> "... and to reduce the recourse to abortion through expanded and improved family-planning services. Prevention of unwanted pregnancies must always be given the highest priority and every attempt should be made to eliminate the need for abortion". (107 (k))

1.1 Prevalence

1.1.1 Maternal mortality,[a] estimates

	Maternal mortality ratio (per 100,000 live births)	*Lifetime risk of maternal death; 1 in*
Algeria	160	120
China	95	400
Colombia	100	300
Greece	10	5 000
Kyrgyzstan	110	190
Thailand	200	180

[a] Revised 1990 estimates of maternal mortality (WHO/FRH/MSM/96.11).

1.1.2 Percentage of births attended by skilled health personnel

	Antenatal care, percent of total births	*Skilled attendant at delivery, percent of total births*
Algeria[a]	58	77
China[a]	79	85
Colombia[a]	83	85
Greece (1983)[b]	—	99
Kyrgyzstan (1997)[c]	97	98
Thailand[a]	77	71

[a] World Health Organization (WHO). "Global Strategy for Health for All by the year 2000", Second report on monitoring progress, WHO document No.EB83/2 Add.1, 1998.
[b] "Coverage of Maternity Care: A listing of Available Information"; Fourth edition (WHO/RHT/MSM/96.28).
[c] "Abortion Policies: A Global Review", New York, United Nations 1993.

1.1.3 Legality of abortion (as of 1992)[a]

	Abortion allowed to:
Algeria	Save life of woman Preserve physical health Preserve mental health
China	Save life of woman Preserve physical health Preserve mental health When pregnancy is a result of rape or incest When the foetus is impaired For economic and social reasons On request
Colombia	Not at all
Greece	Save life of woman Preserve physical health Preserve mental health When pregnancy is a result of rape or incest When the foetus is impaired For economic and social reasons On request
Kyrgyzstan	Save life of woman Preserve physical health Preserve mental health When pregnancy is a result of rape or incest When the foetus is impaired For economic and social reasons On request
Thailand	Save life of woman Preserve physical health When pregnancy is a result of rape or incest

[a] Singh, S. and Wulf, D. "Estimated Levels of Induced Abortion in six Latin American Countries. International Family Planning Perspective, 1994, 20 (1): 4–13.

1.1.4 Frequency of abortion not provided through approved facilities and/or persons

	Frequency as percentage of live births	*Frequency of abortion per 1,000 women, aged 15–49*
Algeria (1990–1992)[a]	10.5	43
China (1989)[b]	—	26
Colombia (1989)[c]	35.1	34
Greece[d]	110	—
Kyrgyzstan (1996)[e]	—	22
Thailand[f]	—	—

[a] Commission on Human Rights, Preliminary report submitted by the Special Rapporteur on violence against women, its causes and consequences, Ms. Radhika Coomaraswamy, in accordance with Commission resolution 1994/45 (E/CN.4/1995/42), 22 November 1994, para. 96.

[b] "Dilemma and Decision: Unintended Pregnancy and Abortion Worldwide", forthcoming publication, The Alan Guttmacher Institute, New York.

[c] "The State of the World's Population", UNFPA 1998, quoting The World Population Monitoring, United Nations, New York 1996.

[d] "Dilemma and Decision: Unintended Pregnancy and Abortion Worldwide", forthcoming publication, The Alan Guttmacher Institute, New York.

[e] Morrison A. et al., "The socioeconomic impact of Domestic Violence against Women in Chile and Nicaragua",. Inter-American Development Bank, Washington, D.C., United States of America, unpublished data, 1997.

[f] Gomaa, R. A. et al., "Health profile of Egypt", Arab Republic of Egypt, Ministry of Health, Newsletter, 1992, 3(4).

1.1.5 Contraceptive prevalence

	Prevalence of any contraceptive method, percentage	*Prevalence of modern method, percentage*
Algeria[a]	52	49
China[a]	83	80
Colombia[a]	72	59
Greece[a]	—	—
Kyrgyzstan[b] Percentage of married women	60	49
Thailand[a]	74	72

[a] Demographic and Health Surveys (DHS), "Egypt Demographic and Health Survey", National Population Council, Cairo, Egypt, 1995–1996.

[b] Petrak, J. A., et al., "The prevalence of sexual assault in genitourinary medicine clinic: service implications", Genitourinary medicine, 1995, 71:98–102, Country UNK.

2. Violence against women

3. Although the Convention does not explicitly deal with violence against women, except in the areas of trafficking and prostitution (art. 6), many of its anti-discrimination clauses provide protection for women against violence. In addition, a number of CEDAW general recommendations deal with violence, in particular Nos. 12 and 19. No. 19 argues that the definition of discrimination in article 1 of the Convention covers gender based violence which is prohibited in articles 2, 5, 11, 12 and 16. The Beijing Platform for Action deals comprehensively with violence against women with recommendations to States to take integrated measures to prevent and eliminate violence against women, to study the causes and consequences of violence against women and the effectiveness of preventive measures and to eliminate trafficking in women and assist victims of violence due to prostitution and trafficking (paras. 112–130). The reports of the Special Rapporteur on violence against women also provide recommendations on all forms of violence against women. In terms of regional instruments, the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women was adopted in May 1996.

4. Fundamental human rights such as the right to life, the right to liberty and security of the person and the right to be free from torture, or other cruel, inhuman or degrading treatment and punishment apply equally to the protection of women against violence in the private sphere. State responsibility for violence against women is referred to in the Convention where States parties are required to eliminate discrimination against women by "any person, organization or enterprise" (art. 2 (e)). State responsibility for private acts of violence is supported in CEDAW general recommendation 19 and in the Declaration on the Elimination of Violence against Women.[11]

5. With respect to health care CEDAW general recommendation No. 19 recommends that,

> "States parties should establish or support services for victims of family violence, rape sex assault and other forms of gender-based violence, including refugees, specially trained health workers, rehabilitation and counselling".

6. Paragraph 125 (e) of the Beijing Platform for Action recommends that States,

> "Recognize, support and promote the fundamental role of intermediate institutions, such as primary health-care centres, family planning centres (and) existing school health services".

7. WHO recognized violence as a public health priority in WHA resolution 49.25 and promoted its prevention in WHA resolution 50.19, including, "domestic violence that is directed mainly at women and children". Domestic or family and community violence is included under all general references to violence against women in human rights standards. CEDAW general recommendation No. 19 recommends that States parties,

> "ensure that laws against family violence ... give adequate protection to all women, and respect their integrity and dignity".

8. The Beijing Platform for Action specifically refers to domestic violence in its recommendation to States to

> "Promote research, collect data and compile statistics especially concerning domestic violence" (p. 129 (a)).

9. The Model Strategies and Practical Measures on the Elimination of Violence Against Women in the Field of Crime Prevention and Criminal Justice, which deal primarily with family/domestic and community violence are annexed to General Assembly resolution 52/86

of 12 December 1997. The model provides recommendations mainly in the area of criminal justice but also include recommendations in the area of health and social services.

2.1 Prevalence

2.1.1 Colombia: Data from fieldwork in 1995, study part of WHO's database on Violence against Women[2]

10. 19 per cent of all women have at sometime been physically abused by their partner. 5.3 per cent of all women have been raped (completed rape) in their lives, 44.2 per cent of those women were raped by their partner, 14.2 per cent by a family member, 14.3 per cent by an unknown man.

Notes

[a] Preliminary results, National Demographic and Health Survey, 1995.

[b] World Health Organization (WHO), "Female Genital Mutilation: An Overview", WHO 1998.